

 Wisconsin Department of Commerce		Safety and Buildings Division 201 W. Washington Ave., P.O. Box 7162 Madison, WI 53707 – 7162 (608) 266-3151		County _____																									
		Sanitary Permit Number (to be filled in by Co.) _____																											
Sanitary Permit Application In accord with Comm 83.21, Wis. Adm. Code, personal information you provide may be used for secondary purposes Privacy Law, s15.04(1)(m)				State Plan I.D. Number _____																									
				Project Address (if different than mailing address) _____																									
I. Application Information – Please Print All Information																													
Property Owner's Name _____				Parcel # _____ Lot # _____ Block # _____																									
Property Owner's Mailing Address _____				Property Location _____																									
City, State _____		Zip Code _____		Phone Number _____																									
II. Type of Building (check all that apply) <input type="checkbox"/> 1 or 2 Family Dwelling – Number of Bedrooms _____ <input type="checkbox"/> Public/Commercial – Describe Use _____ <input type="checkbox"/> State Owned – Describe Use _____				_____ 1/4, _____ 1/4, Section _____ (circle one) T _____ N; R _____ E or W																									
				Subdivision Name _____ CSM Number _____																									
				<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township of _____																									
III. Type of Permit: (Check only one box on line A. Complete line B if applicable)																													
A.	<input type="checkbox"/> New System		<input type="checkbox"/> Replacement System		<input type="checkbox"/> Treatment/Holding Tank Replacement Only																								
<input type="checkbox"/> Other Modification to Existing System		<input type="checkbox"/> Permit Renewal Before Expiration		<input type="checkbox"/> Permit Revision		<input type="checkbox"/> Change of Plumber																							
<input type="checkbox"/> Permit Transfer to New Owner		List Previous Permit Number and Date Issued _____																											
IV. Type of POWTS System: (Check all that apply)																													
<input type="checkbox"/> Non –Pressurized In-Ground <input type="checkbox"/> Mound ≥ 24 in. of suitable soil <input type="checkbox"/> Mound < 24 in. of suitable soil <input type="checkbox"/> At-Grade <input type="checkbox"/> Single Pass Sand Filter <input type="checkbox"/> Constructed Wetland <input type="checkbox"/> Pressurized In-Ground <input type="checkbox"/> Holding Tank <input type="checkbox"/> Peat Filter <input type="checkbox"/> Aerobic Treatment Unit <input type="checkbox"/> Recirculating Sand Filter <input type="checkbox"/> Recirculating Synthetic Media Filter <input type="checkbox"/> Leaching Chamber <input type="checkbox"/> Drip Line <input type="checkbox"/> Gravel-less Pipe <input type="checkbox"/> Other (explain) _____																													
V. Dispersal/Treatment Area Information:																													
Design Flow (gpd) _____		Design Soil Application Rate(gpdsf) _____		Dispersal Area Required (sf) _____		Dispersal Area Proposed (sf) _____		System Elevation _____																					
VI. Tank Info		Capacity in Gallons		Total Gallons		Number of Units		Manufacturer		Prefab Concrete		Site Constructed		Steel		Fiber Glass		Plastic											
		New Tanks		Existing Tanks																									
Septic or Holding Tank																													
Aerobic Treatment Unit																													
Dosing Chamber																													
VII. Responsibility Statement- I, the undersigned, assume responsibility for installation of the POWTS shown on the attached plans.																													
Plumber's Name (Print) _____					Plumber's Signature _____					MP/MPRS Number _____					Business Phone Number _____														
Plumber's Address (Street, City, State, Zip Code) _____																													
VIII. County/Department Use Only																													
<input type="checkbox"/> Approved					<input type="checkbox"/> Disapproved					<input type="checkbox"/> Owner Given Reason for Denial					Sanitary Permit Fee (includes Groundwater Surcharge Fee) _____					Date Issued _____					Issuing Agent Signature (No Stamps) _____				
IX. Conditions of Approval/Reasons for Disapproval																													

Attach complete plans (to the County only) for the system on paper not less than 8 1/2 x 11 inches in size